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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2000

ONIB NO	1343-0047
20	08
(types)	

	rui tii	e 2008 calendar year, or tax year beginning OCT 1, 2008 and ending	iiy S	EP 30, 2009	
В	Check if applicab	Please use IRS C Name of organization		D Employer identifi	cation number
	Addre	ess label or COULC AREA ECOR RANK THE			
F	Name Chang			43_1	253102
F	Initial		n/suite	E Telephone numbe	
一	Termi	Canada	00010	(314	
F	☐ation Amen return	nded trons		G Gross receipts \$	27,626,830.
F	Appli			H(a) Is this a group re	
_	pend	F Name and address of principal officer: FRANK FINNEGAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
T	Tax-ex	rempt status. X 501(c) (3) ◄ (insert no)	,		list (see instructions)
		te: NWW.STLFOODBANK.ORG	·	H(c) Group exemption	,
			L Year o		A State of legal domicile: MO
	at 1	Summary			
	1	Briefly describe the organization's mission or most significant activities. TO FEED	HU	NGRY PEOPLE	BY
Activities & Governance		ACQUIRING AND DISTRIBUTING FOOD THROUGH OUR			
z Z	2	Check this box If the organization discontinued its operations or disposed o			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17
တ္	5	Total number of employees (Part V, line 2a)		5	41
jŧ	1	Total number of volunteers (estimate if necessary)		6	9820
ફ	1	Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0.
⋖	1	Net unrelated business taxable income from Form 990. I line 34		7b	0.
				Prior Year	Current Year
as.	8	Contributions and grants (Part MILINE, EN VENTO)		13,676,151.	27,154,659.
Revenue	1	Program service revenue (Part VIII) line 29)		322,405.	434,867.
		Investment income (Part VIII Column (A), Jings 204 and 70)		20,390.	24,073.
ď	11	Other revenue (Part VIII, conunn (Allines 5, 6d, 8c, 9c, 10e, and 11e)		16,413.	13,231.
		Total revenue - add lines 8 through 11 (must-equal Part VIII, column (A), line 12)	<u> </u>	14,035,359.	27,626,830.
-		Grants and similar amounts paid (Part) () () () () () () () () () (<u> </u>		2.702070300
		Benefits paid to or for members (Part 1X, column (A), line 4)			
ဟ	l	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,086,126.	2,089,494.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		_, ,	2,000,100
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 496,723.	_=-		-
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		13,626,168.	24,216,029.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	14,712,294.	26,305,523.
		Revenue less expenses. Subtract line 18 from line 12		<676,935.	
50		TOTAL CONTROL	F	Beginning of Year	End of Year
ets E	20	Total assets (Part X, line 16)		11,449,782.	12,388,820.
Ass	21	Total liabilities (Part X, line 26)		4,157,954.	3,775,686.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		7,291,828.	8,613,134.
P	at t	Signature Block		. 723270200	0102012020
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and states and complete Qeclaration of preparer (other Maryofficer) is based on all information of which preparer has any known	ments, ar	nd to the best of my knowled	ge and belief, it is true, correct,
		and complete Luciaration of preparer (other manyoniteer) is based on all information of which preparer has any know	wieage	-1-	1.0
Sig	n	VILLAN A TO the Southern		M 2/19	410
Her		Signature of afficer		Date	
	•	VICKY DE LOS SANTOS, TREASURER			
		Type or print name and title			
		Preparer's Date Date	Che		er's identifying number
Paid		Preparer's Craia & Campbell, CPA 5-11-10	self-	loyed	structions)
	parer's	Firm's name (or ANDERS MINKLER & DIEHL LLP	,p	EIN ▶	
Use	Only	self-employed), 705 OLIVE, 10TH FLOOR			
		address, and ZIP+4 ST. LOUIS, MO 63101-2298		Phone no. ► (314)655-5500
Ma	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

om	1990 (2008) ST. LOUIS AREA FOOD BANK, INC.	43-1253102	Page 2
	Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
•	TO FEED HUNGRY PEOPLE BY ACQUIRING AND DISTRIBUTING FOO	DD THROUGH OF	TR.
	MEMBER AGENCIES, AND TO EDUCATE THE PUBLIC ABOUT THE NA		
	SOLUTIONS TO THE PROBLEMS OF HUNGER. WE GATHER AND DIS		
_	MILLIONS OF POUNDS OF FOOD AND PERSONAL CARE ITEMS EACH	1 IEAR THANKS	TU
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes", describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
	If "Yes", describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	J	
	allocations to outlots, the total expenses, and revenue, if any, for each program service reported		
4-	(O-4) \(\sigma_1 \sigma_2 \cdot \cdo		869.)
4a	· · · · · · · · · · · · · · · · · · ·	-	•
	FOOD DISTRIBUTION PROGRAM - THE ST. LOUIS AREA FOODBANK		<u>' </u>
	OVER 20,263,000 POUNDS OF FOOD AND HOUSEHOLD PRODUCTS T		
	APPROXIMATELY 500 OF ITS MEMBER AGENCIES LOCATED IN 14		
	SOUTHEASTERN MISSOURI AND 12 COUNTIES IN SOUTHWESTERN I	LLINOIS.	
	- <u>-</u> .		
4b	(Code) (Expenses \$ including grants of \$) (Fig. 1)	Revenue \$)
		- · · · · · · · · · · · · · · · · · · ·	
		- -	
		 	
			
4c	(Code) (Expenses \$ including grants of \$) (F	Revenue \$)
4d	Other program services. (Describe in Schedule O.)		
~	(Expenses \$ including grants of \$) (Revenue \$	1	
4			
40	Total program service expenses ►\$ 25,634,419. (Must equal Part IX, Line 25, column (B)		20 (2009)

Form 990 (2008) ST. LOUIS AREA FOOD BANK, INC.

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			-
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11_	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the US?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	37	<u> </u>
23 24 -	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25	04-	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	^	X
	Did the organization minest any proceeds of tax-exempt boilds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ü	any tax-exempt bonds?	24c	- 1	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	i	X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x _
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
-	pnor year? If "Yes," complete Schedule L, Part I	25b		X _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		1	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>
		Form 9	990 (2	(8009

Part M Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an		- 7	14.7
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		x
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form !	990 (2008)

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Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X f 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter N/A 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

Form **990** (2008)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	7- 3		£785-1 ~
	processes, or changes in Schedule O. See instructions.	Ė	وميشو	a" ≤ .
1a	Enter the number of voting members of the governing body 13 15			
b	Enter the number of voting members that are independent 15	1	- ^	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- !	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b 도달 점	7.2	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			-
	by the following:	$\vdash \vdash$	<u>'</u>	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		7.7	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies	11		X
Se c	don D. Folicies	i	Yes	No
120	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	NO
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
b	to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	In Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			-
٠. ٠	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		y	-
a	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b		X
_	Describe the process in Schedule O. (see instructions)	-	- 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	रेप्टक व		٠.
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	2.4	-	_
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MO, IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨	·	
	THOMAS RICHTER, DIRECTOR OF FINANCE - (314)292-6262			
	70 CORPORATE WOODS DRIVE, ST. LOUIS, MO 63044			
832006 12-18-	3 08	Form	990 (2008)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	/ /		Pos		app	4.4	Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Ť	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
FRANK FINNEGAN		 								
EXECUTIVE DIRECTOR	45.00	x		X		X		138,000.	0.	20,182.
RICK BOSWORTH										
DIRECTOR	1.00	x	ļ	ļ				0.	0.	0.
KEELY FIMBRES										
DIRECTOR	1.00	X	ĺ			l		0.	0.	0.
MARY CRONIN-DOYLE										
VICE PRESIDENT	2.00	\mathbf{x}		X				0.	0.	0.
RON GORGEN										
DIRECTOR	2.00	X						0.	0.	0.
TIM HAYDEN										
TREASURER	2.00	x		X				0.	0.	0.
CHRISTOPHER MCDONOUGH										
DIRECTOR	1.00	X						0.	0.	0.
JOHN VAN GELS										
PRESIDENT	2.00	X		X				0.	0.	0.
ANDREE WALLGREN										
DIRECTOR	1.00	х						0.	0.	0.
JASON ARNOLD										
DIRECTOR	1.00	X						0.	0.	0.
LEO ASARO										·
DIRECTOR	1.00	X						0.	0.	0.
SEAN FITZGERALD								. = -	-	
DIRECTOR	1.00	X						0.	0.	0.
BOB MCGUIGAN	_									
DIRECTOR	1.00	X						0.	0.	0.
VICKY DE LOS SANTOS										
DIRECTOR	1.00	X	L					0.	0.	0.
BUCK FETTERS										-
EXECUTIVE VICE PRESIDENT	2.00	X		X				0.	0.	0.
R. DAVID BRAY										
SECRETARY	2.00	X		X				0.	0.	0.
BRIAN WATKINS										
DIRECTOR	1.00	X						0.	0.	0.

832007 12-18-08

Form **990** (2008)

Section A. Officers, Directors, Tru	stees, Key E	mpl	oyee	es, a	ind l	High	est	Compensated Employ	rees (continued)			
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Name and title Average				ition	1		Reportable	Reportable	e	Estimated	
	hours	(0	hecl	k all	that	арр	ly)	compensation	compensation		amount of	
	per week	ig.						from the	from relate organization		other	
	week	a die				ted		organization	(W-2/1099-MI		compensation from the	
		stee (truste		يو	pens		(W-2/1099-MISC)	(,	organization	
		ual tr	Jonal		yoldı	t com	_				and related	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				organizations	
GERALD SCHMID												
DIRECTOR	1.00	x						0.		0.	0.	
											-	
											_	
		ļ		_				<u> </u>				
		-	<u> </u>	ļ	_							
								-				
1b Total						<u> </u>		138,000.		0.	20,182.	
Total number of individuals (including those	ın 1a) who re	ceiv	ed n	nore	tha	n \$10	00,	000 in reportable		_	4	
compensation from the organization											Yes No	
3 Did the organization list any former officer,	director or tru	stee	ke	v em	יחומי	vee	or t	nighest compensated en	nolovee on	[(4)	
line 1a? If "Yes," complete Schedule J for si			,	,	.p.c,	,00,	· ·	ng.ioot compenicates on	p.oyoo o	Î	з Х	
4 For any individual listed on line 1a, is the su			omp	ensa	ation	and	lot	her compensation from t	the organization			
and related organizations greater than \$150									-		4 X	
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	rom	any	unre	elat	ted organization for servi	ces rendered to			
the organization? If "Yes," complete Schedu	ule J for such	pers	on								5 X	
Section B. Independent Contractors									\$400,000 -f			
 Complete this table for your five highest counties organization. 	mpensated in	зере	enae	ent C	ontr	acto	rs t	that received more than	\$ 100,000 of con	npensa	ation from	
(A)								(B)			(C)	
Name and business							\dashv	Description of s	ervices	C	ompensation	
L.W. ROBBINS ASSOCIATES, STREET, PO BOX 5838, HOLI								DIRECT MAILI	NC		249,948.	
FEEDING AMERICA, 35 EAST				/E				FREIGHT OF D			<u> </u>	
SUITE 2000, CHICAGO, IL 6								FOOD			237,445.	
ISC CONTRACTING, 1545 SOU	TH KING	3SI	HIC	SHV	(AV	ζ,						
ST. LOUIS, MO 63110							$\overline{}$	BUILDING REN	The state of the s		229,711.	
HOGAN MOTOR LEASING, INC.			_					TRUCK RENTAL	-		000 650	
1000 NORTH 14TH STREET, S	T. LOU	LS	1	<u> 10</u>	0.	3 T ()	ь	MAINTENANCE,	AND FUE		203,653.	

Form **990** (2008)

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

For	n 990	(2008) ST. LOUIS A	REA FOOD I	<u>BANK, INC.</u>		<u>43-1253</u>	102 Page 9
		Statement of Revenue					
100			the second by the second	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$	1431823. 25606010. 22326845.				
ပ္ပန္	ì	h Total, Add lines 1a-1f	•	27154659.	製造送される		
Program Service Revenue	2 a				434,850. 17.		
9	•	e	_				
<u> </u>	f	All other program service revenue		<u> </u>			
	g	Total. Add lines 2a-2f		434,867.	-		
	3 4 5	Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bor Royalties	and proceeds	24,073.		2- 48-1	24,073.
	c	(i) Real (i) Real (ii) Real (iii) Real (iv) Re	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	es (ii) Other				
		Gain or (loss) Net gain or (loss)			The state of the s		
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	ab				
		Net income or (loss) from fundraising even Gross income from gaming activities. See	ts 🕨	e e e			110
		Part IV, line 19 Less: direct expenses	a b				The same
	10 a	 Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less cost of goods sold 	ab		-		
ļ		Net income or (loss) from sales of inventor					
ļ		Miscellaneous Revenue OTHER INCOME	Business Code 900099	13,231.			13,231.
	b						
		Total. Add lines 11a-11d	>	13,231.	424 065		27, 204
83200 02-02	12 9 -09	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9	c, 10c, and 11e	27626830.	434,867.	0.	37,304. Form 990 (2008)

Funt Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			g than	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			The first of white the same	
	organizations, and individuals outside the U.S.				• •
	See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	F02 600	275 410	114 500	100 688
_	trustees, and key employees	593,609.	375,412.	114,520.	103,677.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	1,141,219.	1,114,889.	6,215.	20,115.
7 8	Other salanes and wages Pension plan contributions (include section 401(k)	<u> </u>	1,114,009.	0,215.	<u> </u>
0	and section 403(b) employer contributions)				
9	Other employee benefits	188,464.	178,465.	4,050.	5,949.
10	Payroll taxes	166,202.	142,302.	11,717.	12,183.
11	Fees for services (non-employees)	200,2021			
	Management				
b	Legal				
c	Accounting	15,479.	13,253.	1,091.	1,135.
d				_,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	30,069.	21,635.	1,782.	6,652.
12	Advertising and promotion				-
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	322,866.	315,210.	4,594.	3,062.
17	Travel	48,815.	41,796.	3,441.	3,578.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,018.	26,558.	2,186.	2,274.
20	Interest	164,763.	164,763.		
21	Payments to affiliates	200 620	252 256	6 001	4 400
22	Depreciation, depletion, and amortization	288,639.	278,056.	6,091.	4,492.
23	Insurance	48,604.	41,614.	3,427.	3,563.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total		E BENNER -		
_	expenses shown on line 25 below.) FOOD AND PRODUCT DISTRI	21,581,005.	21,581,005.		
a h	TRANSPORTATION	496,040.	496,040.		
	FOOD PURCHASES	453,851.	453,851.		 -
d	PRINTING & PUBLICATIONS	347,554.	41,234.	1,789.	304,531.
-	SUPPLIES	160,194.	152,141.	3,948.	4,105.
f	All other expenses	227,132.	196,195.	9,530.	21,407.
25	Total functional expenses Add lines 1 through 24f	26,305,523.	25,634,419.	174,381.	496,723.
26	Joint Costs Check here I if following	, , , , , , , , , , , , , , , , , , , ,		,	
	SOP 98-2. Complete this line only if the organization	}			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Form 990 (2008)

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Form 990 (2008)

Form 990 (2008) ST. LOUIS AREA FOOD BANK, INC. 43-1253102 Page 11 Balance Sheet

					(A) Beginning of year	-		(B) End of year
	1	Cash · non-interest-bearing			 	0.	1	300.
	2	Savings and temporary cash investments			1,279,80		2	1,974,917.
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net	145,46	5.	4	233,467.		
	5	Receivables from current and former officers, di	s, trustees, key					
		employees, or other related parties. Complete P	art II c	of Schedule L		1	5	
	6	Receivables from other disqualified persons (as			1	- 1		
		4958(f)(1)) and persons described in section 495	8(c)(3	(B). Complete	The state of the	≓` '		
		Part II of Schedule L					6	
ş	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use			1,788,36	7.	8	2,413,759.
Ä	9	Prepaid expenses and deferred charges			34,60	7.	9	40,187.
	10a	Land, buildings, and equipment: cost basis	10a	8,358,698.		aca i		1.2
	ь	Less. accumulated depreciation. Complete					1	
		Part VI of Schedule D	10b	965,477.	6,820,92	5.	10c	7,393,221.
	11	Investments · publicly traded securities					11	
	12	Investments - other securities See Part IV, line 1	1				12	
	13	Investments · program-related See Part IV, line			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			1,380,31		15	332,969.
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	11,449,78		16	12,388,820.
	17	Accounts payable and accrued expenses			300,13	8.	17	166,601.
	18	Grants payable					18	
	19	Deferred revenue			61,47		19	-
	20	Tax-exempt bond liabilities		_			20	_
ies	21	Escrow account liability. Complete Part IV of Sch				ėt –	21	
oii i	22	Payables to current and former officers, director		• • •			- 0	
Liabilities		highest compensated employees, and disqualific	ea per	sons Complete Part II				를 통화되는 기계 1개명 기계명 등 기계명 기계명 등 기계명
_		of Schedule L			2 722 60		<u>22</u>	2 501 602
	23	Secured mortgages and notes payable to unrela	tea tr	ira parties	3,733,68		<u>23</u>	3,591,682.
	24	Unsecured notes and loans payable			62,66		<u>24</u>	17,403.
	25 26	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25			4,157,95		<u>25</u> 26	3,775,686.
	20	Organizations that follow SFAS 117, check he	<i>r</i> a b	X and complete	4,131,33		<u> 20</u>	3,773,000.
s		lines 27 through 29, and lines 33 and 34.		and complete			_	
nces	27	Unrestricted net assets			5,842,30	9.	27	8,305,001.
ala	28	Temporanly restricted net assets			1,449,51		 28	308,133.
B B	29	Permanently restricted net assets			=1==21==		<u></u> 29	3337233
Net Assets or Fund Balar		Organizations that do not follow SFAS 117, ch	The second second	- 3	- - - -	(1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
<u>p</u>		complete lines 30 through 34.	그는 회약은 학	-	-			
ets	30	Capital stock or trust principal, or current funds			30			
1SS	31	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund			31_	
et/	32	Retained earnings, endowment, accumulated inc	or other funds			32_		
z	33	Total net assets or fund balances			7,291,82		33_	8,613,134.
	34	Total liabilities and net assets/fund balances			11,449,78	2.	34	12,388,820.
Pa	t 70	Financial Statements and Reporting						
		_	_		7			Yes No
1	Acco	unting method used to prepare the Form 990 L	C:	ash X Accrual	Other			

			162	NO
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	_
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	X	
<u>b</u>	If "Yes," did the organization undergo the required audit or audits?	3b	X	

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Form **990** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.



Name of the organization

Employer identification number

			<u>JIS AREA FOOI</u>						43	<u>3-1253</u>	<u> 102</u>	
FUEL	Reason	for Public Char	rity Status (All organi	zations mi	st comple	te this pai	rt.) (see ins	structions)				
The orga	nization is not	a private foundation	because it is: (Please ch	heck only o	one organi	zation.)						
1 🗔	A church, co	onvention of churche	s, or association of chui	rches desc	nbed in se	ection 170	D(b)(1)(A)(i	i).				
2 🗀	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach So	chedule E)							
з 🗀	A hospital or	r a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii). (A	ttach Sche	dule H.)			
4 🔲	A medical re	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ection 170)(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e,
	city, and sta	te [.]										
5 🗀	An organizat	tion operated for the	benefit of a college or u	iniversity o	wned or o	perated by	y a govern	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🔲			ent or governmental uni	rt describe	d in secti o	n 170(b)(1)(A)(v).					
7 🔲	An organizat	tion that normally rec	ceives a substantial part	of its supp	ort from a	governm	ental unit o	or from the	general p	oublic desc	nbed ir	1
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 X												
	_		nctions - subject to certa							_		
	income and	unrelated business t	axable income (less sec	tion 511 ta	ex) from bu	isinesses	acquired b	y the orga	nization a	ıfter June 3	0, 197	5
	See section 509(a)(2), (Complete the Part III)											
10 🔲	An organizat	ion organized and o	perated exclusively to te	est for pub	lic safety	See sect io	on 509(a)(4). (see ins	tructions))		
11 🔲	An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perfe	orm the fu	nctions of	, or to carr	y out the	purposes c	f one o	r
	more publicl	y supported organiza	ations described in secti	ion 509(a)(1) or section	on 509(a)(2) See se	ction 509(a)(3). Che	ck the box	that	
	describes the type of supporting organization and complete lines 11e through 11h											
	a Type I b Type II c Type III · Functionally integrated d Type III · Other											
е 🔲	By checking	this box, I certify that	at the organization is not	t controlled	d directly o	r indirectly	y by one o	r more disc	qualified p	ersons oth	er thar	1
	foundation n	nanagers and other t	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	section 509	(a)(1) or s	ection 509	(a)(2)	
f	If the organiz	zation received a writ	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	organization, check th	nis box									
g	Since Augus	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	n from any	of the foll	owing pers	ons?			
	(i) A perso	on who directly or ind	lirectly controls, either a	lone or tog	jether with	persons o	described	ın (ii) and (i	ıi) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	>						11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)		
h	Provide the f	following information	about the organizations	s the organ	nization suj	oports						
			T					_				
(i) Namo	e of supported	(ii) EIN	(iii) Type of		organization			(vi) ls	the	(vii) Am	ount of	
` '	anization		organization (described on lines 1-9		sted in your		tion in col.	organizatio (i) organizatio U.S.	ed in the	` supp		
			above or IRC section	<u> </u>	document?		r support?					
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>			_					
					ļ							
		 -		1			_					
							1					
				ļ	<u> </u>			ļ				
				<u> </u>			ļ	-				
		-		1			l					
Total	-			<u></u>	I	<u> </u>	<u> </u>					—
LHA For	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see the	he Instruc	tions for F	orm 990.		Schedule	A (Form	1 990 or 99	0-EZ) 2	2008

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	(Complete only if you checked the box on line 5, 7, or 8 of Part I)							
Se	ction A. Public Support						-	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")							
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 - 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,							
	column (f)							
$\overline{}$	Public Support. Subtract line 5 from line 4	**************************************				A		
Sec	tion B. Total Support				<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources				_			
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)	- 7 es 3	-					
	Total support. Add lines 7 through 10		-			<u> </u>		
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for	-	stirst, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)		
Sec	organization, check this box and store tion C. Computation of Publ		rcentage					
	Public support percentage for 2008 (I	-		olumn (fl)		14	%	
	Public support percentage from 2007	• • • • • • • • • • • • • • • • • • • •	•			15		
	33 1/3% support test - 2008. If the o			line 13, and line 1	ا 14 is 33 1/3% or m			
	stop here. The organization qualifies	•		, ,		ioro, oriook triio box	▶ □	
b	33 1/3% support test - 2007. If the c		•		line 15 is 33 1/3%	or more, check this	s box	
	and stop here. The organization qual					•	ightharpoons	
17a	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	ns box and stop h	ere. Explain in Par	t IV how the organi	zation	
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a	publicly supported	lorganization	-	ightharpoons	
b	10% -facts-and-circumstances test	t - 2007. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or	
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	cly supported orga	nization	ightharpoons	
<u>18</u>	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a <u>, 16b, 17a, or 17b</u>	, check this box a	nd see instructions		
					Sche	dule A (Form 990 o	or 990-EZ) 2008	

Sch	edule A (Form 990 or 990 EZ) 2008 S Support Schedule for	T. LOUIS Organizations	AREA FOOD Described in	BANK, IN	IC . (Complete only	43-125	53102 Page 3	
Sec	tion A. Public Support				74-7 (Complete Gilly	n you checked the b	OX OII IIIIC O OI I III I.	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Gifts, grants, contributions, and	<u></u>	(5) = 555	(0) =000	(0,	10/====	(7	
•	membership fees received (Do not							
		17123524.	23346396.	18299608.	14549824	27137093	100456445	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			386,726.			1811849.	
2	Gross receipts from activities that	333,304.	340,090.	300,720.	310,043.	423,004.	1011049.	
3	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 · 5	<u>17456908.</u>	<u>23695086.</u>	<u> 18686334.</u>	1 <u>4867869.</u>	<u>27562097.</u>	102268294	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9,							
	10c, 11, and 12 for the year or \$5,000							
_	Add lines 7a and 7b		i			= -	1.000.000.1	
	Public support (Subtract line 7c from line 6)						102268294	
	tion B. Total Support			 			1	
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
_		<u>17456908.</u>	<u> 23695086.</u>	18686334.	1 <u>4867869.</u>	<u> 27562097.</u>	102268294	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37 189.	134,348.	20,031.	20,390.	24,073.	236,031.	
h	Unrelated business taxable income	3,72030				22/0/01	230/0320	
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	37 189	134,348.	20,031.	20,390.	24,073.	236,031.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	37,103.	134,340.	20,031.	20,350.	24,073.	230,031.	
12	Other income Do not include gain or loss from the sale of capital	0 600	120 240	164 500	16 113	40.660	254 625	
	assets (Explain in Part IV.)	2,623.	130,349.	164,590.	16,413.	40,660.	354,635.	
	Total support (Add lines 9, 10c, 11, and 12)						102858960	
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	zation,	
	check this box and stop here tion C. Computation of Publ	ic Support Pe	rcentage				<u> </u>	
	Public support percentage for 2008 (column (fl)		15	99.43 %	
	Public support percentage from 2007		-	(7)		16	99.35 %	
	tion D. Computation of Inve							
	17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 .23 %							
	27 2							
	9a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
	Schedule A (Form 990 or 990-EZ) 2008							

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.



If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

	_	01(c)(4), (5), or (6) organiza	tions: Complete Part III	ty rax), tilen		
	ne of orga		tions. Complete Fait III.		Emp	loyer identification number
	_	ST. LOU	IS AREA FOOD BAN	K. INC.		43-1253102
F	HA	To be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
		See the instructions for S	Schedule C for details			
1	Provide a	a description of the organia	zation's direct and indirect politic	cal campaign activities	s in Part IV.	
2	Political	expenditures			▶ 9	S
3	Voluntee	r hours				
	Printer of the				80.47.170	·-·· · · · · · · · · · · · · · · · ·
· K	#1-8	•	y all organizations exem	pt under section	1 501(c)(3).	
_	C-44b-	See the instructions for S		da		
			incurred by the organization unit		_	<u> </u>
		•	incurred by organization manag in 4955 tax, did it file Form 4720		5	Yes No
	-	priection made?	11 4935 tax, did it lile 1 0/11 4/20	Tor triis year?		Yes No
		describe in Part IV				162 NO
	416	To be completed b	y all organizations exem	pt under section	501(c), except section	on 501(c)(3).
هندا		See the instructions for S	Schedule C for details	•	•	
1	Enter the	amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities	· · · · · · · · · · · · · · · · · · ·
			ization's funds contributed to of			
	exempt f	unction activities		-	▶ \$;
3	Total of o	direct and indirect exempt	function expenditures. Add lines	1 and 2 and enter he	re and on	
	Form 112	20-POL, line 17b			▶ \$	Yes No
4	Did the fi	ling organization file Form	1120-POL for this year?			Yes No
5	State the	names, addresses and er	nployer identification number (El	N) of all section 527 p	olitical organizations to which	ch payments were made
			if the amount was paid from the		•	
		•	separate political organization,	such as a separate se	egregated fund or a political	action committee (PAC)
	іт аддітіо	nal space is needed, provi			<u> </u>	- ₁
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds If none, enter -0	contributions received and promptly and directly
					rando in mono, omor o r	delivered to a separate
						political organization. If none, enter -0-
						1
					-	
_						
		•				
				1	1	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008 To be completed by	ST. LOUIS	AREA FOOD E	BANK, INC.	43-1	253102 Page 2
(election under se				at illed Form 5/6	D
	ation belongs to an aff		reduie C for details.		
	-	nd_"limited control" pr	ovisions apply		
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grassroots lobbying)	-		
b Total lobbying expenditures to inf	luence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and 1b)				
d Other exempt purpose expenditure	res				
e Total exempt purpose expenditure	•	•			
f Lobbying nontaxable amount Ent					A A A A
If the amount on line 1e, column (a)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc	1 1 1 1		
Over \$1,000,000 but not over \$1,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of Over \$17,000,000 \$1,000,000.			ess over \$1,500,000.		
Over \$17,000,000	j \$1,000,			医器子子疗疗	
g Grassroots nontaxable amount (el	nter 25% of line 1f)		-		· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a Ente		an line a			
i Subtract line 1f from line 1c Enter	•				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		·
reporting section 4911 tax for this	year?				Yes No
•	zations that made a s	eraging Period Under section 501(h) election structions for lines 2a	n do not have to com through 2f of the ins	=	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount		÷			
(150% of line 2a, column(e))					
T					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990 EZ) 2008 ST. LOUIS AREA FOOD BANK, INC. 43-1253102 Page 3

[Part 4.6] To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(;	3)	(t)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	<u></u>		*	
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
C			Х		
d			X		
е	, ·		X		
f			X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4	,025.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		<u>X</u>		
i	Other activities? If "Yes," describe in Part IV		Х		
j	Total lines 1c through 1i			4	,025
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912		-		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ	-		_ ,
d d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		E04(a)(E)		-
-	To be completed by all organizations exempt under section 501(c)(4)	, section	50 1(C)(5),	or secu	ion
	501(c)(6). See the instructions for Schedule C for details.			Yes	No
	Marie Later L. II. II. (0007 - 111 A) discrepanda and distribute le manda a			162	NO
1	Were substantially all (90% or more) dues received nondeductible by members?		1	-	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<u> </u>	Did the organization agree to carryover lobbying and political expenditures from the prior year? To be completed by all organizations exempt under section 501(c)(4)	coetion	3 501(a)(5)	or coati	ion
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR				OII
	answered "Yes." See Schedule C instructions for details	· artin	A, quest	011 0 13	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	ioal		•	-
2	expenses for which the section 527(f) tax was paid).	ICai			
_	Current year		2a		
	Carryover from last year		2b		
0	Total		2c		
2	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	2000	3	-	
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	Jontical	4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
	Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, at	nd Part II-B	line 1: Also	complete	this part
	bette this part to provide the descriptions required for hart 12, line 1, hart 15, line 4, hart 16, line 5, all 19 additional information.	io raitiro,	iii C 11 7430,	complete	ins part
	FEBRUARY 2009, SEVERAL ST. LOUIS AREA FOOD BANK ST	וג קקבי	ONG WT	יוי	
	I HOMOTERI BOOT, BUVELLED BIV BOOTS INCHI TOOD BIRNE BI		IOIIO WI		
PEI	RSONNEL FROM ITS AGENCIES, WENT TO THE ILLINOIS STA	те Сар	ידיי דיי	O MEE	т
	COUNTED TROIT TTO TROUBLED, WEST TO THE TESTROTO DIT		11011 1	0 1100	•
WΤ	TH LEGISLATORS TO EXPLAIN THE NEED AND IMPORTANCE O	ਤਮਾ ਤ	PASSAG	яо я	THE
				<u> </u>	
FO	DD FOR FAMILIES LEGISLATION. IN MARCH 2009, ONE OF	OUR S	TAFF M	ET WI	TH
FEI	DERAL REPRESENTATIVES TO EXPLAIN THE IMPORTANCE OF	MAINTA	INING	THE C	SFP

PROGRAM AND THE NEED AND IMPORTANCE OF CONTINUED FUNDING OF THE CHILDREN

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (F	orm 990 or 9 Suppleme	90-EZ) 2008 ntal Infor	ST. Lo	OUIS ARI	EA FOOD	BANK,	INC.	4:	3-1253102 Page 4
NUTRITI	ON PRO	GRAMS.	IN AP	RIL 2009	9, STAFF	OF TH	E ST.	LOUIS ARI	EA FOODBANK
MET WIT	H MISS	OURI LE	EGISLAT(ORS IN	JEFFERSO	N CITY	, MO T	O EXPLAIM	N_AND
EDUÇATE	ON TH	E CONT	INUED N	EED FOR	FOOD AS	SISTAN	ICE.		
				<u>. </u>					
							 -		
				 					
			-						
			-,	_			· · ·		
				-					
									
								<u> </u>	
					<u>.</u>				
			· · ·						

Schedule C (Form 990 or 990-EZ) 2008

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008

iame or the organization					
	C Th	LOTITE	ADEA	EUUD DYNE	TNIC

Employer identification number

	ST. LOUIS AREA FOO		43-1253102
A.A.	Organizations Maintaining Donor Advise		s of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
		(a) Bollot advised tallac	(b) I dies and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	-	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's	•	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a		·
Y 2 -	for charitable purposes and not for the benefit of the donor of		
L	Conservation Easements. Complete if the or		Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e g , recreation or p	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	servation easement on the last day
	of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic str	2c	
d	Number of conservation easements included in (c) acquired	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the taxable
	year >	•	-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		and
	enforcement of the conservation easements it holds?	•	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the year	···
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		<u> </u>
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expensi	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		the organization of decoding for
·	Organizations Maintaining Collections o	f Art. Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and h	valance sheet works of art, historical
10	treasures, or other similar assets held for public exhibition, e	•	•
			iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
D	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			·
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.	Schedule D (Form 990) 2008

832051 12-23-08

		S AREA FO					43-	125310	2 Page 2
Pa									
3	Using the organization's accession and other	records, check an	y of the f	ollowing tha	at are a signif	icant use of	its collection	n items (chec	k all
	that apply)								
а	Public exhibition	•			hange progr	ams			
b	Scholarly research	•	• []	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and expla	in how th	ey further t	he organızatı	on's exemp	t purpose in	Part XIV	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er sımılar as	sets		
-	to be sold to raise funds rather than to be ma							Yes	No_
	Trust, Escrow and Custodial reported an amount on Form 990, Part	Arrangements X. line 21.	. Compl	ete if organ	ization answe	ered "Yes" t	o Form 990	, Part IV, line	9, or
12	Is the organization an agent, trustee, custodia		diany for (contribution	ns or other as	seats not inc	hided		
ıa	on Form 990, Part X?		dialy loi	CONTRIBUTION	is or other as	isots not inc	idaca	Yes	No
h	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing t	ahle.				165	140
D	Tes, explain the analigement art XIV a	ina complete the it	Jilowing t	abic.				Amount	
_	Beginning balance						40	Amount	
Ç	Additions during the year						1c 1d		
u	Distributions during the year						1e	••	
•	Ending balance						1f		
2a	Did the organization include an amount on Fo	rm 990 Part Y line	212					Yes	□ No
	If "Yes," explain the arrangement in Part XIV.	1111 330, 1 att X, iii c	, 21,					163	140
	Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.								
		(a) Current year		nor year	(c) Two year		Three years b	ack (a) Four	years back
1a	Beginning of year balance	(a) Current year	- P.3	Tion your	C) WO YOU	3 Dack (U)	rince years t	ack (C) Tour	Tara back
b	Contributions							· 1	
0	Investment earnings or losses								
d	Grants or scholarships								
u	Other expenditures for facilities								
Ç	and programs								
	Administrative expenses			A *			1 20 Kd		
'.	End of year balance								7 2 2 2 2
g 2	Provide the estimated percentage of the year	end halance held s			l=				
a	Board designated or quasi-endowment	crid balarice ricid a							
b	Permanent endowment		_′°						
•	Term endowment								
32	Are there endowment funds not in the posses		ation tha	t are held a	nd administe	red for the	organization		
•	by	olon or the organiz	u	t dio noio d	na aanminoto	roa for the v	or gar iizatioi i		Yes No
	(i) unrelated organizations							3a(i)	105 110
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	ule R?				3b	
4	Describe in Part XIV the intended uses of the	•						<u> </u>	
Per	Investments - Land, Buildings				Part X, line	10			,
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) Depr	eciation	(d) Book	value
12	Land	===== (5611			2,800.			1 322	2,800.
	Buildings				4,939.	13	5,189.		750.
	Leasehold improvements				- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J, 103.	5,103	,,,,,,,,,
	Equipment			63	5,626.	33	6,932.	200	3,694.
	Other				5,333.		3,356.		.,977.
	. Add lines 1a-1e (Column (d) should equal For	m 990 Part Y och	ımn (P) I		<i>.,</i>		<u> </u>		3,221.
ı vtal	- Aud mies Ta-Te (Columnit (u) should equal For	m 330, Fait ∧, colu	иси т (D), П	10(C).)				1,393	, 444

Schedule D (Form 990) 2008

832053 12-23-08

	ule D (Form 990) 2008 ST. LOUIS AREA FOOD BANK, Reconciliation of Change in Net Assets from Form 990 to		cial Stat	temer		-1253102	Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)			1		27,626	.830.
	Fotal expenses (Form 990, Part IX, column (A), line 25)			2		26,305	
	Excess or (deficit) for the year Subtract line 2 from line 1 .			3		1,321	
	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	nvestment expenses			6			-
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8	_		
9	Fotal adjustments (net). Add lines 4-8			9			0.
10	excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10		1,321	,307.
	Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	nue p	er Retu	_	
1 -	Fotal revenue, gains, and other support per audited financial statements				1	41,662	<u>,190.</u>
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12					ļ	
a l	Net unrealized gains on investments	2a				<u>.</u>	
b i	Donated services and use of facilities	2b					
c l	Recoveries of prior year grants .	2c	<u>. </u>		2/2	#7	
d (Other (Describe in Part XIV)	2d	14,03	<u>35,3</u>	<u>59. </u>		
е /	Add lines 2a through 2d				26	14,035	,359.
3 9	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.						
a l	nvestment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV)	4b					
c /	Add lines 4a and 4b				40	:	0.
5	otal revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)				5		831.
-	Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	enses	per Re	turn	
1 -	otal expenses and losses per audited financial statements				1	41,017	<u>,819.</u>
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25					=	
а	Donated services and use of facilities	2a					
ь	Prior year adjustments	2b					
c l	osses reported on Form 990, Part IX, line 25	2c			-		
d (Other (Describe in Part XIV)	2d	14,71	.2,2	94.		
е /	Add lines 2a through 2d				2e	14,712	294.
3 9	Subtract line 2e from line 1				3	26,305	525.
4 /	Amounts included on Form 990, Part IX, line 25, but not on line 1						
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a					
b (Other (Describe in Part XIV)	4b					
c A	Add lines 4a and 4b				40		0.
_5	otal expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)				5	26,305	525.
	Supplemental Information						
Compl	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	l, lines 1a	a and 4, Pa	art IV, lır	nes 1b an	d 2b; Part V, line	4; Part
X; Part	XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b						
PAR'	T XII, LINE 2D - THE ST. LOUIS AREA FOOL	BAN	JK, ΙΝ	IC. I	REQUE	STED AND	WAS
GRAI	NTED A 21-MONTH AUDIT						
				_			
EXT	ENSION FOR THE PERIOD FROM JANUARY 1, 2008	3 TO	SEPTE	MBE	R 30,	2009.	THE
FIN	ANCIAL AUDIT COVERS THE PERIOD FROM JANUAR	RY 1,	2008	TO	SEPT	EMBER 30,	
2009	. THE PORTION OF INCOME FROM JANUARY 1 T	ro se	PTEMB	ER 3	30, 2	008 WAS	
ALRI	EADY REPORTED ON A SHORT-YEAR FORM 990 FIL	LED E	BY THE	ORC	SANIZ.	ATION.	
PAR	XIII, LINE 2D - THE ST. LOUIS AREA FOO	DD BA	NK, I	NC.		ESTED AND	

Schedule D (Form 990) 2008 ST. LOUIS AREA FOOD BANK, INC. Supplemental Information (continued)	43-1253102 Page 5
WAS GRANTED A 21-MONTH AUDIT	
EXTENSION FOR THE PERIOD FROM JANUARY 1, 2008 TO SEPTEMBER	30, 2009. THE
FINANCIAL AUDIT COVERS THE PERIOD FROM JANUARY 1, 2008 TO S	SEPTEMBER 30,
2009. THE PORTION OF EXPENSES INCURRED FROM JANUARY 1 TO S	SEPTEMBER 30,
2008 WAS ALREADY REPORTED ON A SHORT-YEAR FORM 990 FILED BY	THE
ORGANIZATION.	_
	<u> </u>
	<u> </u>
	-

SCHEDULE J (Form, 990)

Department of the Treasury

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Name of the organization

Part | Questions Regarding Compensation

ST. LOUIS AREA FOOD BANK, INC.

Employer identification number

43-1253102

			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,					
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use	1	,			
	Travel for companions Payments for business use of personal residence	1	- 5			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	- 1	77	, ,		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		4 de - 4	۲.		
		100				
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision					
_	of all of the expenses described above? If "No," complete Part III to explain					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,					
_	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
	, <u></u>		1			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		3 V/	<u>.</u> .		
•	CEO/Executive Director. Check all that apply	- 2		·		
	Compensation committee Written employment contract	*				
	Independent compensation consultant X Compensation survey or study		200			
	Form 990 of other organizations X Approval by the board or compensation committee					
	,,,,,,,					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a	300		Þ		
а	Receive a severance payment or change of control payment?	4a		X		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
С	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		**************************************	,		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	全性	-27			
	contingent on the revenues of	* <0 % **				
а	The organization?	5a	Х			
b	Any related organization?	5b		<u> </u>		
	If "Yes," to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	The organization?	6a		<u>X</u>		
b	ny related organization?					
	"Yes" to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	ĺ	l			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>		

 $LHA\ For\ Privacy\ Act\ and\ Paperwork\ Reduction\ Act\ Notice,\ see\ the\ Instructions\ for\ Form\ 990.$

Schedule J (Form 990) 2008

43-1253102

Page 2

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) PRINT Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	Q	(9)	(1)
					Deferred	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	120,000.	18,000.	0	0	20.182.	158.182.	0
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Schedule J (Form 990) 2008

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information.

|--|

Schedule J (Form 990) 2008

SCHEDULEK

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

ST. LOUIS AREA FOOD BANK, INC.

Employer identification number

.

OMB No 1545-0047

43-1253102

Schedule K (Form 990) 2008 (h) On behalf Ŷ × å ĝ Yes Yes (g) Defeased Yes ŝ × Yes ٥ å O 08/31/06 4,000,000, acquisition costs ۵ (f) Description of purpose ۵ Yes Yes FINANCE THE £ ŝ O CONTINUATIONS Yes Yes (e) Issue price ŝ ĝ 8 œ (d) Date Issued 832121 12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Fortial 990. SEE SCHEDULE O FOR COLUMN (F) Yes Yes ĝ ŝ (c) CUSIP# ⋖ Yes Yes 43-1387649N/A (b) Issuer EIN Are there any lease arrangements with respect to the financed Was the organization a partner in a partnership, or a member Does the organization maintain adequate books and records Were the bonds issued as part of a current refunding issue? of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding property which may result in private business use? Has the final allocation of proceeds been made? Pert III Private Business Use (Optional for 2008) Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds to support the final allocation of proceeds? MISSOURI DEVELOPMENT Bond Issues (Required for 2008) Capital expenditures from proceeds Proceeds (Optional for 2008) Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Other unspent proceeds A FINANCE BOARD Total proceeds of issue bonds? Pert Q က 4 9 6 5 7 S 8 ပ ۵

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Name of the organization Employer identification number ST. LOUIS AREA FOOD BANK, INC. 43 : 1253102 Part I Types of Property (b) (a) (c) Check if Number of contributions Method of determining Revenues reported on applicable Form 990, Part VIII, line 1q. revenues Art - Works of art 1 2 Art-Historical treasures 3 Art-Fractional interests Books and publications 4 Clothing and household goods \$2,000 Blue book value est. 1 6 Cars and other vehicles 7 Boats and planes Я Intellectual property . Q Securities-Publicly traded 10 Securities-Closely held stock . Securities-Partnership, LLC, or trust interests 12 Securities-Miscellaneous Qualified conservation contribution-Historic structures . . Qualified conservation 14 contribution-Other Real estate-Residential . . 15 Real estate—Commercial . 16 17 Real estate—Other 18 Collectibles 20,263,000 lbs. 22,326,845 Estimated cost per pound Food inventory 19 Drugs and medical supplies . 20 21 Taxidermy . . 22 Historical artifacts Scientific specimens . . 23 24 Archeological artifacts . . . 25 Other ▶ (.....) 26 Other ▶ (.....) 27 Other ▶ (.....) Other ▶ (.....) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? **b** If "Yes." describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Employer identification number Name of the organization LOUIS AREA FOOD BANK, INC. 43-1253102 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATE THE PUBLIC ABOUT THE NATURE OF AND SOLUTIONS TO THE PROBLEMS OF HUNGER. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE GENEROUS SUPPORT OF HUNDREDS OF FOOD MANUFACTURERS, RETAILERS, CORPORATE AND COMMUNITY FOOD DRIVES, AND FINANCIAL SUPPORT RECEIVED FROM FOUNDATIONS, CORPORATIONS, BUSINESSES, AND INDIVIDUALS. FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS DELIVERED ELECTRONICALLY TO THE PRESIDENT AND THE EXECUTIVE COMMITTEE FOR THEIR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES INFORMATION FROM COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE SALARIES. THE SALARY INFORMATION IS PRESENTED TO THE BOARD FOR APPROVAL AND DOCUMENTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

THE COMMITTEE HAS NOT CHANGED ITS PROCESS OF OVERSIGHT OF THE AUDIT OF

THE FINANCIAL STATEMENTS.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Name of the organization ST. LOUIS AREA FOOD BANK, INC.	Employer identification number 43-1253102
SCHEDULE K, PART I, BOND ISSUES:	
(A) ISSUER NAME: MISSOURI DEVELOPMENT FINANCE BOARD	
(F) DESCRIPTION OF PURPOSE:	
FINANCE THE ACQUISITION COSTS OF NEW FACILITIES	
	·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

ST. LOUIS AREA FOOD BANK FEIN: 43-1253102 TAX YEAR ENDED: 9/30/09

DESCRIPTION	DATE IN SERVICE	METHOD	COST	BEG. A/D	CURRENT DEPRECIATION	DEPRECIATION REDUCTIONS	TOTAL DEPRECIATION
Land	Vanous	SL	1,322,800	-	-	-	-
Building & Improvements	Vanous	SL	5,624,939	264,554	170,635		435,189
Leasehold Improvements	Vanous	SL	-	-	-		-
Machinery & Equipment	Vanous	SL	721,462	263,777	73,156	-	336,933
Automobiles	Vanous	SL	775,333	148,507	44,849	<u> </u>	193,356
Total			8,444,534	676,838	288,639	-	965,477

Form **8868**

(Rev. April 2009) ·

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	atic 3-Month Extension, complete only Part I and check this box		▶ 🕱				
	anal (Not Automatic) 3-Month Extension, complete only Part II (on page						
	s you have already been granted an automatic 3-month extension on a pre		ieu roiii 6606.				
Automatic 3	 -Month Extension of Time. Only submit original (no copies neede 	ed).					
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Part I only							
All other corporations (including to file income tax returns.	1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to r	request ar	extension of time				
Electronic Filing (e-file). Gener noted below (6 months for a cor (not automatic) 3-month extension	rally, you can electronically file Form 8868 if you want a 3-month automatic reporation required to file Form 990-T). However, you cannot file Form 8868 ion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a compoleted and signed page 2 (Part II) of Form 8868. For more details on the ele-file for Charities & Nonprofits.	3 electroni site or co	cally if (1) you want the additional nsolidated Form 990-T. Instead,				
Type or Name of Exempt Organization Employer identificati							
print	ADEA HOOD DANK THO		42 1252102				
File by the	AREA FOOD BANK, INC.		43-1253102				
due date for filing your 70 CORPORATE WOODS DRIVE							
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
ST. LOUIS, MO 63044							
Check type of return to be filer	d(file a separate application for each return):						
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870							
Telephone No. ► (314) If the organization does not have If this is for a Group Return, e	FRANK FINNEGAN, EXECUTIVE DIRECTOR 70 CORPORATE WOODS DRIVE - ST. LOU 292-6262 FAX No. ▶ ave an office or place of business in the United States, check this box enter the organization's four digit Group Exemption Number (GEN) the group, check this box ▶ □ and attach a list with the names and E	If the	s is for the whole group, check this				
MAY 15, 2 is for the organization's ret Calendar year X tax year beginning	or	named al					
	000 DL 000 DE 000 T 4700 - 0000	7					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$							
- , ,	rm 990-PF or 990-T, enter any refundable credits and estimated						
	de any prior year overpayment allowed as a credit.		3b \$				
	e 3b from line 3a. Include your payment with this form, or, if required,						
deposit with FTD coupon of See instructions.	or, if required, by using EFTPS (Electronic Federal Tax Payment System).	ľ	3c \$ _ N/A				
Caution. If you are going to make	te an electronic fund withdrawal with this Form 8868, see Form 8453-EO a	and Form	8879-EO for payment instructions.				
LHA For Privacy Act and Par	perwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.